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1843

THE

UTILITY

OF THE

“UTERINE SUPPORTER,”

AS INVENTED

BY MRS. JAMES BETTS,

of Philadelphia,

29887

**In the cure of Prolapsus Uteri,
&c. &c.**

Contained in various Testimonials of Eminent Professors and
Practitioners, of Philadelphia, New York, Virginia, &c., &c.,
and in a Lecture by Wm. Harris, M. D., of Philadelphia

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SECOND EDITION.
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PHILADELPHIA,

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PART I.

TO LADIES SUFFERING.

The Supporter was originally invented by myself when laying on a bed of affliction, from a similar complaint to that which it is so successful in curing.

Having had a great number of patients sent by Medical gentlemen to be provided with the "Supporters," opportunities of forming inferences and conclusions from a vast variety of cases, have presented themselves, from all parts of the United States, in addition to many who have been recommended by private friends.

I have heard from many hundred ladies, an account of their sufferings, including cause, stages, treatment, &c.—their various mental, as well as bodily afflictions, arising not only from the organic displacement itself, but yet more from the placing, replacing, removing, &c., the various pessaries ordered from time to time, prior to my Supporter having been obtained. It is indeed to be deeply regretted that the pessary is yet tenaciously persevered with, in spite of its repeated and continued failure.

It is with much sorrow I have witnessed the great amount of misery among the fairest portion of created beings, from the extensive prevalence of this weakness, which is much beyond any calculation I had ever formed, previous to my knowledge of the fact, and it is a cause of much heartfelt pleasure to me, independent of all other considerations, that an apparatus has at length been discovered, which so fully meets the objects in view, viz its removal, or great mitigation.

Candour compels me to announce as my conclusion, resulting from the above named extensive experience, that, to the ill judged (however well meant) use of the Pessary may be ascribed the diseased state of the uterus, as well as leucorrhœa, irritations, &c. Independent of the pain, inconvenience, &c., attending the wearing the Pessary, there is a feeling extremely hostile in a delicate female mind, to the introduction by a medical attendant, of that invention, which difficulty is entirely obviated by wearing the Supporter.

The friends of the Pessary have never yet discovered any form or modification of it that has proved satisfactory, either to the patient, or even to themselves, else why the continual change of shape and material! and I always found that cases were attended with much more difficulty where the Pessary had been introduced than otherwise.

Can any thing be gained by the wearing of the *Pessary*, which can not be accomplished by the *Supporter*—supposing feelings of female delicacy can be overcome? My experience prompts me, conscientiously to reply in the negative.

But if asked, whether any thing can be gained by wearing the *Supporter*, which could not equally be obtained by the *Pessary*? My answer is, emphatically, *much*—and I would point proudly to the hundreds of grateful females who are continually calling on me, with the most ardent expressions of acknowledgment, after enduring the greatest mental and bodily prostration and anguish from the opposite treatment; many once single young ladies, now happy mothers, many married ladies, with increased families.

Positive danger attends the wearing of Pessaries.—This was my conviction from long experience, the result of careful observation. It has been fearfully demonstrated to me in many cases, that have come under my notice in nearly two thousand instances, which I have personally seen. I would wish to be understood, as not only confirming the facts as mentioned by Doctors Blundell, Moreau, Ashwell and Wm. Harris, in every particular, but also, to mention important and lamentable facts in addition thereto, viz:—those of nervous debility—brought on by the nature of the treatment pursued; the sufferings of the patient—and almost hopelessness of a final restoration to health. My own experience in this matter, will, no doubt, be confirmed by many Medical gentlemen in Philadelphia, &c.

The symptoms of *Prolapsus Uteri*, are also fully explained by extracts from Professor Samuel Jackson's and Doctor Wm. Harris' Clinical Lectures delivered in Philadelphia.

This complaint I have frequently found has been the medium of extraordinary treatment to young and interesting, as well as ladies in a more advanced period of life, single, as well as married. Omitting what is in my opinion unfit to appear in print—I will merely mention the using Caustic every day, for *alleged* ulceration—the confinement to bed for long periods, even months, and finally the use of the *Pessary*. Then the announcement of a perfect cure! But this cure amounted to this, that the sufferer was really worse than ever, and, was finally obliged to have re-

course to Medical gentlemen of conscience and of principle; who by the application of my invention, have restored the patient, (so far as a shattered and debilitated constitution was susceptible of restoration,) to comfort. Many Ladies have had their sufferings prolonged by this and other modes of treatment, for years—some seven years, some even ten years, and many, very many, are yet suffering, who could be soon relieved by the Supporter.

Ladies very frequently call on me, and inform me of their long sufferings, and of their prostrated general health. They say, "Our Medical advisers do not understand our weakness, or the cause of our sufferings." I correct them—I say, "Madam, they understand your malady, but you have unfortunately happened to fall under the care of a Physician who has his prejudices enlisted in favor of the old method of treating this complaint, viz—by the Pessary, and it is therefore not surprising that you should have that opinion, as you judge from your own feelings and from what you have unhappily suffered."

Many Ladies of Philadelphia, call on me after paying visits to distant places, viz: Washington, Virginia, Baltimore, N. York, Pittsburgh, Saratoga, Boston, &c., &c. and say, "I am surprised at having been recommended your Supporter by Ladies and Medical gentlemen when at a distance from home! I have been suffering for years in Philadelphia, and could never obtain any relief—why did not my Physician advise it?" Thus the Physician loses the confidence of the family.

In such cases, I have mostly spoken in extenuation of the Medical attendant, and have endeavored to account for its not having been ordered, in various ways. Sometimes I have even advised Ladies to mention the Supporter to the Physician and call again on me. The result has been that I have frequently never seen the Lady again; and she continues a sufferer even to the present time. Sometimes I have to complain of a want of candour. Ladies have been fitted by me, and the change for the better has been almost immediate; the substitution of my Supporter for the Pessary, making an astonishing improvement in the general health, and being visible to every one; but yet they do not acknowledge the source, not even to the Physician, and he is kept in error, and is encouraged to proceed in his old mode of treatment, to the manifest injury of those under him.

A Lady called on me very recently, to introduce a friend:—she said, "I have found your Supporter of the greatest advantage to me. I have now worn it upwards of two years, and have two fine living healthy children. I was never before able to go

my time, and had had nine abortions, and began to despair of ever recovering my strength.

Some few Medical Practitioners, place particular stress on the ulcerated state of the Uterus, but I appeal to the experience and judgment of the Faculty in general in this instance, with full confidence. My position is, that ulceration of the Uterus is of rare occurrence; in my own experience, I rarely meet with it. I have seen at least, fifty ladies who have been under the care of a gentleman of large practice, and they all have said, "we have been treated for ulceration of the womb; for polypus of the womb;—we have had lunar caustic applied almost daily—and what we have gone through, we shudder to repeat, and now our cases have become aggravated by long confinement and general debility." Ladies may rest assured that the ulcerated state of the womb is not prevalent, it exists only, as one to two hundred, or thereabouts. The majority of cases which I meet with, are those of simple displacement, caused by relaxation of the system, and by the pressure of the *viscera* on the womb—my Supporter will benefit all such cases.

Counterfeits of my Uterine Supporter, are offered by a notorious Firm in this City, and much injury has been done by them; two cases this week, one a Lady of Baltimore, who had her sufferings aggravated by its application—and finally called on me personally, when I discovered the imposition. Men who have not ability sufficient to procure an honest subsistence, by their own industry, but must pirate upon the discoveries of others, should be treated with universal indignation. Besides, life itself is endangered by their spurious imitations, and the trifling saving is a mere deceit, and who in their senses would purchase a counterfeit. Please observe, my Supporters are all marked with my own hand writing—all others are impositions.

Prolapsus uteri, is often occasioned by the fashionable system of tight lacing, and the wearing of the French corsets, with a view to procure an unnaturally small and taper waist. I cannot too seriously caution young and married ladies against this fashionable folly. It is often also occasioned by using the erect posture too soon after an accouchement, and various other causes, without due regard to future health; I think no lady should leave her room in less than a month, which is the time poor women are allowed in even the poor houses in Great Britain.

The method of taking the dimensions, is to measure the lady round the body on the top or a little below the hip bone and the number of inches will be the correct size.

My earnest advice is to consult an eminent physician on the first appearance of this weakness.

My Supporter could never have attained its present position of usefulness and popularity, but for the kind and disinterested patronage (in the first instance) of Professor SAMUEL JACKSON, of the University of Pennsylvania, and subsequently by many eminent Professional gentlemen, whose disinterested patronage I am equally proud to acknowledge.

I am, with much respect,

SARAH BETTS.

N. E. corner of Eleventh and Chesnut Streets, }
Philadelphia, June 22, 1843. }

ON THE BAD EFFECTS AND DANGERS OF PESSARIES.

Extract from page 13, of a Work on Obstetric Medicine by JAMES BLUNDELL, M. D.—late Professor of Obstetric Medicine, at Guy's Hospital London.

"The following, (says Dr. Blundell,) are some of the more important, viz: obstruction of the bladder; obstruction of the rectum; bruises; inflammation; ulceration; thickenings; inso-much that the very walking of the patient becomes painful to her. Sometimes the rectum has been laid open by ulceration into the *Vagina*. I once saw a case in which a very large Pessary had been introduced, the rectum opened in consequence, the woman died—(I had almost said happily) and thus become relieved of her misery."

An Extract from Dr. Wm. Harris' Clinical Lecture, published in the 2nd Vol. of the Medical Examiner, page 326, Philadelphia.

"The Pessary produces irritation of the *vagina* and *leucorrhæa*; irritation of the mouth and neck of the womb, and sometimes causes a schirrous or cancerous condition of that organ. It also effects the rectum, producing constipation, stricture or hæmorrhoids."

Extract from 295th page of the "*Traite Pratique des Accouchemens*" by Dr. MOREAU, Professor of Midwifery and of the diseases of Women and Children, at the Faculty of Medicine at Paris, and accoucheur to her Royal Highness, the Duchess of Orleans.

"The learned professor here relates a case of *recto vaginal fistula*; i. e. an opening between the vagina and rectum, caused by wearing a Pessary; in this case the *feces* passed out of the vagina. Another case, in which the Pessary produced ulceration, fungous excrescences, and hæmorrhage. Another case, in which the Pessary had caused by ulceration, an opening both into the bladder and the rectum. A fourth case, in which the Pessary had, by ulceration worked its way into the rectum"

Dr. Moreau has abandoned the use of the Pessary and introduced the Supporter into his Hospital and private Practice.

Extract from DR. WM. HARRIS' Clinical Lecture upon Prolapsus Uteri.

"Symptoms of Prolapsus.—When in the erect position, the patient complains of an aching in the back, or a dragging sensation about the loins; a sense of weight upon the lower part of the vagina, as if something were falling through—irritation of the bladder, and a frequent desire to make water; a bearing down sensation; pains in the hips and thighs, and often a fullness and sense of weight about the ~~arms~~, and if much standing or long walks aggravate all these symptoms, and a few hours in the recumbent posture, either mitigate or cause them to subside, she has good reasons to suspect that she is afflicted with Prolapsus Uteri."

PART II.

TESTIMONIALS.

*From Samuel Jackson, M. D., Professor, Institutes of Medicine,
in the University of Pennsylvania.*

"Some years past Mrs. Betts, at my suggestion, made an instrument for giving support to the abdomen and perineum, which I have continued to employ from that time, in my practice, with most decided advantage.

It frequently happens that the tone of the abdominal muscles is lost and they become relaxed. The large and weighty packet of the intestines, losing, in consequence, their support, gravitate on the pelvic viscera, pressing on the uterus, and sometimes deranging its position; the liver and other viscera follow the intestines, sink downwards, and drag on their ligaments. Lesions will result from this condition; there is a most exhausting sense of emptiness and dragging felt in the superior position of the abdomen, and a feeling of weight and pressure in the lower, attended with pain in the back. The patient cannot stand erect, exercise or walk, without inconvenience or suffering. There is often disability for any kind of exertion.

Artificial support of the abdomen remedies more or less effectually this train of disorders and rarely fails to abate the most uncomfortable of the symptoms.

The apparatus of Mrs. Betts is well adapted to accomplish this purpose, I have been enabled to give prompt relief, in many distressing cases, by its application. I have no hesitation in recommending it to the Medical Profession, as an effectual means, in the class of cases to which it is applicable."

Philadelphia, Dec. 13, 1842.

"The apparatus, (the Uterine Supporter) is beautiful for its simplicity; it is an acquisition to practice. The principle of its operation is quite original, and perfect. I shall advise its use, and make use of it in my own practice in preference to any thing I have seen."

SIR ASTLEY COOPER.

"This instrument, (the Uterine Supporter) exactly accords with the principle on which I think the disease must be cured, viz—giving support to the Vagina. I always say, restore to the vagina its tone, and you do more to remedy this frequent malady than by any other treatment. The support of the abdomen is excellent, and the external pressure of the perineum, narrowing a too capacious vagina, and thus supporting a prolapsed uterus, instead of doing so internally by a Pessary—cannot be too highly appreciated. . . .

I quite think it will accomplish a permanent cure, better and more quickly than the Pessary."

SAMUEL ASHWELL, M. D.,

Obstetric Lecturer, at Guy's Hospital

Next T. D. Mutter, M. D., Professor in Jefferson Medical College.

"DEAR MADAM—It affords me much pleasure to state that I have repeatedly employed your Supporter in prolapsus uteri, and with the most decided benefit. I have no question of its value, as a remedy for the complaint, in the relief of which it has been invented."

Philadelphia, Dec. 11, 1842.

From Wm. Harris, M. D., Lecturer on Obstetrics, &c., in the Philadelphia Medical Institute.

"Radical cures have been made repeatedly, after every other means have failed to afford relief.

Ladies affected with procidentia uteri, who were unable to leave their chambers without great suffering, found such immediate relief from the application of the Supporter, that in a few days they were able to pay morning visits on foot.

One of the worst cases I have ever seen, was completely cured in a little more than a year, and some less formidable have been relieved in from 3 to 6 months. I recommend this instrument cordially to the medical profession, believing it to be one of the greatest improvements of modern times."

Philadelphia, Feb. 24, 1842.

From Samuel McClellan, M. D., Prof. of Midwifery and diseases of women and children, in Pennsylvania Med. College.

"I have found Mrs. Betts' Supporter the very best instrument of the kind, I have ever yet met with, in the whole of my professional experience.

I have recommended it, and will continue to do so, as the most successful of its class, in cases of uterine displacements. make reference to me as to its merits."

Philadelphia, May 5.

From Dr. R. W. Royster Powhattan Co., Va.

"The success which I have met with during the last twelve months, in the treatment of the most aggravated cases of prolapsus uteri, with Mrs. Betts' uterine Supporter, induces me to give preference to it, over all instruments that have been suggested, for the treatment of that most distressing malady."

"P. S. I do also assure you I have had under treatment, during the past 12 months, some of the most aggravated cases, that bade defiance to all the different modes of practice; the use of the different shaped Pessaries, which have contributed not a little, to render the cases more complicated, by producing irritation of the vagina os tincæ, and the consequences of pressure on the rectum.

Feb. 6, 1843.

Clinique at the College of Phys. and Surgs. New York.

"Professor Gilman made some judicious remarks on the treatment of prolapsus uteri. He condemned, in toto, the use of the Pessary, and recommended the Supporter introduced by Mrs. Betts."

April 22, 1842.

Drs. F. B. Watkins, Richmond, and O. F. Long, Hillsboro', have also written in warm terms of its success.

Letter from Professor Samuel Jackson, of the University of Pa.

The abdominal and the perineal Supporters made by Mrs. Betts of this city, I can recommend to the medical profession, and to others, after several years experience of their use.

These instruments are adapted to remedy the inconveniences depending on a sinking down of the uterus, and its compression, from the incumbent weight of the abdominal viscera pressing into the pelvis, from a relaxation of the abdominal muscles. In this state of the organ, exercise is attended with so much pain and other suffering as to be difficult or impossible.

Mrs. Betts is a lady of intelligence, education, probity, and excellent manners. The greatest confidence can be placed in her."

SAMUEL JACKSON, M. D.,

Professor of the Institutes of Medicine in the University of Pa.
Philadelphia, Feb. 26, 1842.

To Professor Parker, New York, from Professor T. D. Mutter, of the Jefferson Medical College, Philadelphia.

"Mrs. Betts has for some years past been entirely employed in the manufacture of an instrument for prolapsus uteri, which in my own practice, and that of many of my friends has been of immense service to the subjects of that severe disease."

From the New York Lancet, April 16—p. 249

"We have recently had an opportunity of examining the uterine supporter introduced a few years ago by Mrs. Betts of Philadelphia, and we can very cordially add our favorable opinion of its merits, to the almost unanimous expression of approbation which the invention has received, from our professional brethren in the city of brotherly love, where it has been heretofore more extensively introduced into practice than in this place. We have no hesitation in saying that in a great many cases of prolapsus uteri, this simple apparatus will be found infinitely preferable to the pessary, against the use of which, there is, in the minds of most females, a strong, and often insurmountable prejudice, and which is, at best, in our opinion, a very indifferent contrivance. Mrs. Betts' apparatus is perfectly simple, can be applied without the least difficulty, occasions no inconvenience, and certainly effects, to a very great extent, the important purposes of its invention. Mrs. Betts intends making periodical visits to this city, for the purpose of disposing of and applying her Supporters, and we have great pleasure in recommending our brethren here to avail themselves of her invaluable assistance, in the treatment of a numerous and most interesting class of sufferers.

From the New York Lancet—April 23, 1842.

CLINIQUE AT THE COLLEGE OF PHYSICIANS AND SURGEONS.

Dr. Parker's was, as usual, remarkably well attended. Two cases of Strabismus were operated on, and a variety of interesting Surgical cases introduced. Professor Gilman made some judicious remarks on the treatment of Prolapsus Uteri. He condemned in toto the use of the Pessary, and highly recommended the abdominal Supporter introduced by Mrs. Betts.

From the New York Herald, of April 14, 1842.

MRS. BETT'S ABDOMINAL SUPPORTER.

Mrs. Betts, of Philadelphia, the celebrated inventress of the abdominal Supporter, has arrived in this city, and may be seen at the Astor House.

Her invention has received the unanimous approbation of the most distinguished members of the Faculty, and is rapidly acquiring the most extensive reputation amongst the interesting class of sufferers, for the promotion of whose comfort it is intended.

Professors Delafield, Francis, Stevens, Rogers, Parker, Gilman, the editor of the Lancet and all our most eminent Physicians unite in recommending Mrs. Bett's invention to public approbation. Of course it must succeed.

It is hoped that enough has been shown to evince the excellence of the Supporter, and its adaptation to the objects in view; conscious, herself, of its good effects, by its lightness, the ease with which it may be worn, and the renovating effect produced when on, its having raised many ladies almost from the grave, to perfect health, the inventress trusts she will be excused in not adding more on this occasion, from the great mass of testimony in her possession.

Mrs. Betts wishes to communicate the success which has attended its application in severe cases of Chronic Diorrhœa. She will be happy to give reference in this particular.

Wholesale Agents in Philadelphia.

✂ G. W. Carpenter & Co., Market street;—T. C. Turnpenny, Tenth and Spruce sts.

✂ Doctors F. B. Watkins, Richmond, Va.;—J. N. Smith, Winnsboro', S. C.;—O. F. Long, Hillsboro', N. C.;—Mr. J. T. Brasier, Natchez, Miss., Keep a supply of

MRS. BETTS' SUPPORTER,

and are only authorised to sell them.

✂ Mrs. Betts has no agent at New York—she therefore cautions her friends against counterfeits in that city.

** Ladies are respectfully informed that printed directions are forwarded with each supporter.

CIRCULAR.

TO THE MEDICAL PROFESSION, and, TO THE MEDICAL
JOURNALS OF THE UNITED STATES.

On Counterfeits of Mrs. Betts' Supporter.

I respectfully ask your attention for one moment. My Uterine Supporter is now standing very high in favor with medical gentlemen and the public, and you have forwarded me various orders for it at different times.

Its extensive reputation has induced a Firm in this City, bearing the *cognomen* of Wiegand, Snowden & Connell, to disgrace themselves by counterfeiting, and offering it for sale as mine, and this they had the audacity to offer to myself personally, at their own shop, where I happened to call yesterday.

I wish sir, to caution you against this base counterfeit, as the sufferings of the patients must, and will be increased and prolonged by its use, as it is defective in many of the important requisites of my Supporter, and so worthless is it, that unless the fraud is practiced of calling it by my name, it would not sell at all.

Two cases of imposition have this week come to my knowledge, by the arrival of a lady from Baltimore, and who was supplied with the counterfeit, it had some resemblance to mine in mere appearance, but its effect was disastrous—it increased all her bad feelings and added to, instead of diminishing them!! She was supplied by me with the original, and she was much relieved immediately. Another case, was that of a lady who had been supplied with it, and finding its effect bad, had loaned it to a friend, both of whom came to me to explain the circumstance, and thus discovered the fraud. Such is the conduct of these persons, who thus deprive persons of their money, by counterfeiting my inventions, and me of the reputation derived from my Supporter, passing off a dangerous and injurious substitute.

I have, also, reason to believe that it has been circulated in the City of Wilmington and its vicinity.

That man must be low indeed, in the scale of morals, who

would stoop so low as to plunder a lady of her property or business—such a man is too degraded and base for the notice of honorable persons, and is worthy only your contempt.

I am, Sir, respectfully yours,

SARAH BETTS,

June 22, 1843.

From the Medical Examiner,

[No. 13—Vol. 1—New Series. Philadelphia, March 26, 1842.]

ON THE

“UTERINE SUPPORTER,”

By WM. HARRIS, M. D.

A Lecture upon Prolapsus Uteri, which I delivered at the Medical Institute, in the spring of 1839, was published in the May number of the Medical Examiner of the same year; and since that time the advantages and disadvantages of the *uterine supporter* have been freely discussed and its usefulness extensively tested.

Like every new improvement, the SUPPORTER met with formidable opposition, even from gentlemen of elevated standing in the profession, but it slowly crept into favor, and its superiority is now almost universally acknowledged. More than a hundred medical gentlemen in this city, among whom are Professors in each of the four Medical Schools, have tried it on their patients afflicted with prolapsus uteri, and are testifying to its great advantages over every other apparatus employed by the profession; and more than a thousand females, either radically cured, or materially benefited, are earnestly recommending it to their fellow sufferers.

With whom the idea of an external uterine supporter originated is uncertain; I apprehend, however, that the honor is due to the late Doctor Dewees, whose labors have contributed so much to enlarge the boundaries of obstetrical science, and to adorn the history of the earliest and most celebrated medical institution of our country, that he well deserves the appellation of the *Father of American Obstetrics*.

While attending one of his lectures, in the University of Pennsylvania, upon prolapsus uteri, I heard him remark that the pessary occasioned, in some females, so much uterine and vaginal irritation, and consequent leucorrhœa, that they were obliged to discontinue the use of it, and that he hoped an instrument would some day be invented that would restore the displaced organ, by making external pressure upon the abdomen and perineum.

This remark, perhaps through some medical students, reached the ear of Dr. Hull of New York, and induced him to bring forward the first uterine supporter that ever was presented to the public. Subsequently a great variety of supporters were invented, by different persons, in various parts of the United States, the best of which, by a Mrs. Betts, a well educated and accomplished lady, a native of London, now residing in Philadelphia. Mrs. Betts invented the apparatus for her own case, which, under the care of Professor Jackson, was conducted to such a successful issue that she was induced afterwards to offer the instrument to the medical profession. In the last three years, I have tried her supporter in my own practice, and in consultation, on upwards of fifty females, with great success, in some producing radical cures, and in others great comfort, so that I feel constrained to give it my cordial recommendation.

The time required to perform a radical cure by the supporter, varies from three to eighteen months, in most cases one year.

A lady of this city, 38 years of age, afflicted with procidentia uteri, consulted me in her case about three years since. She remarked that she had worn pessaries of various kinds for a length of time, all of which produced great irritation and leucorrhœa, and that she ascribed to this cause an abortion that she had had a few weeks before. She said this misfortune had caused her deep sorrow, having but one child, and that she was determined never again to submit to the introduction of a pessary. Besides the depression of her spirits, her general health was very feeble, and the only exercise she attempted to take was to walk down three or four steps from her chamber to the dining room, to eat her meals.

I procured for her a uterine supporter, and after it was applied and properly adjusted, she felt so comfortable and strong, that, it being Sunday morning, she decided to walk with her husband to church, and, returning home little fatigued, she went again in the afternoon. By the use of the supporter, chalybeates and exercise in the open air, on foot and in a carriage, she improved so rapidly that after one year, her health was established and her procidentia cured; and now she is able to attend to all her usual avocations without the incumbrance of a supporter. Nevertheless, as a prophylactic measure, when she expects to walk for three or four hours, shopping, or making morning calls, she puts it on. She is now one of the most healthy and efficient ladies in Philadelphia.

Another lady, about six weeks after her confinement, fell down stairs, by which a prolapsus uteri was produced. Being

sent for immediately, I ordered her to bed, where she was confined three days, at the end of which time Mrs. Betts applied a supporter, which in three months effected a radical cure. A number of other cases, under my care, were radically cured, after a great variety of pessaries had been tried in vain, by the most skilful physicians.

For my success in the treatment of these cases, I am much indebted to the assistance of the inventor of the apparatus. I now cause her to apply it to all my patients laboring under the complaint, unless objections are made, so that she can alter and adjust it to each female's particular shape. Without this precaution, the instrument will not give so comfortable a support to the patient, and a cure will not be so rapidly or effectually accomplished.

Again: the perineal pad, when first applied, sometimes produces great irritation of the skin and unpleasant heat in the soft parts; when this is the case, I cause the pad to be removed for a few days, and instead of it, to have applied under the perineal strap a soft folded napkin; and this substitution of the napkin for the pad is always necessary during the menstrual period, or what sometimes answers equally well, to roll the napkin round the pad to prevent it from being soiled. Females, indeed, that are very particular, wear a piece of old linen or muslin around the pad always, that it may be kept clean. Mrs. Bett's supporter has been introduced into practice in New York, and in various other parts of the United States, and the testimony in its favor, from all quarters, is unequivocal.

I have found the supporter to be, also, an effectual preventive of *habitual* abortion. Some females of leuco-phlegmatic temperament, great nervous irritability and feeble health, are subject to habitual abortion, which ordinarily takes place during the early months of pregnancy. At the return of every menstrual period, regular periodical uterine pains come on, threatening a premature delivery. Such cases, under proper management may be conducted safely to the full period, and the accoucheur have the pleasure of presenting to the anxious mother a living child, as the reward of her repeated sufferings.

As soon as the threatening pains come on, direct the patient to go immediately to bed, order dry cups to be applied over the sacrum, sometimes scarifying two, or four, so as to take away from two to four ounces of blood, according to circumstances, administering at the same time an anodyne enema, consisting of two ounces of flaxseed tea, or of a thin solution of starch, and from forty to a hundred drops of laudanum according to the

urgency of the symptoms, and the capacity of the patient to bear narcotics. The foot posts of the bedstead should be raised, at the same time, about six inches, by placing blocks of wood under them, so that the womb may be thrown upwards and points of irritation, thereby, be removed. This treatment, in a few hours, will put a stop to the threatening symptoms, but the patient must not be allowed to rise from her bed under two or three days, as the erect posture is apt to produce a relapse. Before she rises from her bed, a supporter should be carefully applied, which will give her great comfort, and enable her with safety to attend to her usual avocations.

Some authors recommend that patients, under such circumstances, should be kept in bed throughout the whole period of gestation; but such practice cannot be too much condemned, as in almost every instance it injures or destroys the female's health. Pregnant females that suffer from prolapsus uteri during the three first months of gestation, but at no other period, have also derived great comfort from wearing the supporter.

For a description of this apparatus, and the manner in which it is applied, I refer the reader to the 329th page of the Medical Examiner, vol. 2nd. Every medical gentleman, however, from a glance at the apparatus, would at once comprehend the manner in which it should be applied. Mrs. Bett's last improvement, which she calls her *laced supporter*, is decidedly the best.

Notwithstanding the success that has attended the use of the supporter in Philadelphia, there are still a few medical gentlemen who occupy an enviable position in the profession, that resist the introduction of this apparatus in their respective circles of practice. They object to its use because, as they allege, the pressure by the broad pad or belt over the hypogastric region must force the intestines downwards against the pelvic viscera, and thereby increase, instead of removing the disease. If this be true, it is a valid objection, and the supporter ought to be laid aside. Let the facts decide. The axis of the pelvis is not parallel with the axis of the body, but strikes off from it at an angle of forty-five degrees. The centre of gravity being therefore in the direction of the axis of the body, the weight of the intestines must fall upon the symphysis pubis and upon the parietes of the abdomen, especially if the female has borne children, and is consequently a little corpulent. Now it must be admitted, that if the pressure by the supporter were backwards and downwards, the intestines would be crowded upon the fundus uteri, and the displacement be consequently increased; but as the force which it exerts is upwards and backwards, exactly

in the direction of the plane of the superior strait of the pelvis or at right angles with its axis, I contend that it completely removes the weight of the intestines from the pelvic viscera, and that the uterus has consequently a tendency to rise to its natural position through the contractile power of its ligaments.

This objection then being, as I apprehend, completely removed, I proceed to examine another, which is, that the *perineal pad*, supported by the strap that passes between the limbs, does not raise the uterus sufficiently high to restore it to its primitive situation, and that a radical cure can therefore, never be effected.

As those gentlemen who condemn the supporter, maintain that the pessary is better calculated to restore the displacement under discussion, I shall consider this opinion first.

Pessaries are made of various materials and of different shapes, but the flat circular pessary and the spherical pessary, made of glass or silver gilt, are the kinds most in use in Philadelphia. The flat pessary is about half an inch in thickness, and two inches in diameter; in introducing and adjusting which, it is recommended that it be placed in the vagina upon its edge, with the convex surface towards the rectum and parallel with it, the upper edge in the cul de sac at the upper end of the vagina, and behind the posterior lip of the os uteri, and the lower edge resting upon the perineum or floor of the pelvis, near the point of the os coccygis. It is maintained that the pessary thus adjusted will raise the uterus its whole breadth, nearly two inches, and there sustain it until the ligaments that support the uterus have time to contract and recover their primitive tonicity, and a radical cure thus be accomplished. This is very plausible in theory, but difficult to reduce to practice.

If we commence at the posterior part of the superior strait of the pelvis, and pass along the hollow of the sacrum and coccyx and the floor of the pelvis up to the top of the symphysis pubis, we shall describe an arch amounting to nearly a semicircle. Now it is known that a weight capable of sliding upon a curved surface, will not rest until it reaches the lowest position; consequently, if a pessary be placed in the vagina parallel with the rectum, while the patient is lying upon her back, it will remain in that position so long as she retains the recumbent posture; but as soon as she assumes the erect attitude; the pessary will slide down and rest with its convex surface parallel with the perineum; and now the thickness of the pessary, half an inch, is all that interposes between the os uteri and floor of the pelvis. The uterus is therefore only raised half an inch higher in the

vagina than it was before the pessary was introduced, and if instead of the flat circular, the oblong or oval ring pessary were used, after it slides down, the os and cervix uteri would pass through it, rest upon the perenium, and therefore not be elevated at all. The globular pessary would answer a better purpose if the mouth of the womb would rest upon the top of the sphere—but as it will slip behind or before the spherical pessary, it is very inefficient.

Besides if the pessary is found to answer effectually the purpose for which it is designed, why such an interminable change in its shape and dimensions! Now if it can be demonstrated that the *perineal pad and strap* of the supporter is capable of raising the uterus more than half an inch, and retaining it there permanently, as much will be accomplished by the supporter as can be done by the pessary, and the patient have the advantage of using an apparatus that is less irritating and less offensive to her sense of delicacy.

To prove this will not be difficult. The distance from the point of the os coccygis to the arch of the pubis is four inches and a half, which is filled up by very elastic soft parts that extend in the antero-posterior direction, not in a straight line, but curved downwards, so that the centre of the convexity projects at least one inch below a straight line. Now it requires no great stretch of the imagination to suppose that the convexity of the perineum could be pressed up by the pad to a straight line, nor is it difficult to conceive that by gradually shortening the perineal straps, the pressure might in time, be so increased as to raise these parts one inch above the straight line, thereby raising the uterus two inches, which is more than can be accomplished by the pessary, even if it could be kept upon its edge and parallel with the rectum.

The principle on which the Supporter acts in restoring the prolapsed uterus to its natural position, may be better understood by stating that the direction of the vagina, is backwards and upwards a little above the horizontal line, and that the perineal pad, by pressing the lower against the upper side of this canal, would prevent the uterus from descending, if applied as it always ought to be, before the patient rises from her bed.

Again, if the uterus be low down in the vagina, that organ being somewhat of a conical shape and the apex downwards, the pressing of the two sides of the vagina together, would make the womb rise.

Such are the views which I entertain with regard to the use

of the supporter in cases of prolapsed womb; and I have the satisfaction to know that I hold these opinions in common with a large majority of the medical profession, in and around Philadelphia.


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